

Seek, Test, Treat and Retain for Criminal Justice Populations: Data Harmonization Measure

DRUG AND ALCOHOL USE

Drug and Alcohol Measure

References:

- 1) Adapted from:
Babor, T.F., Higgins-Biddle, J.C., Saunders, J.B. & Monteiro, M.G. (2001). *AUDIT, The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. Second Edition. Geneva: World Health Organization.
- 2) Other relevant reference:
Knight, K., Simpson, D. D., & Hiller, M. L. (2002). Screening and referral for substance-abuse treatment in the criminal justice system. In C. G. Leukefeld, F. Tims, & D. Farabee (Eds.), *Treatment of drug offenders: Policies and issues* (pp. 259-272).

Alcohol Use

Alcohol Use							
Items	Response Categories		Time Frame		Source	Comments	
Screener							
How many times in the [Time Frame] have you used alcohol?	Continuous 1 to ∞		past year (before being locked up, if applicable) past six months past 30 days		modified from Smith et al. (see drug use screener item below)		
Additional Screeners	Responses/Scoring						
1. How often do you have a drink containing alcohol?	0 Never	1 Monthly or less	2 2 to 4 times a month	3 2 to 3 times a week	4 4 or more times a week	World Health Organization/NIAAA	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 1 or 2	1 3 or 4	2 5 or 6	3 7 to 9	4 10 or more	World Health Organization/NIAAA	
3. How often do you have 5 or more drinks on one occasion?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/NIAAA	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/NIAAA	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/NIAAA	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/NIAAA	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/NIAAA	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	0 Never	1 Less than Monthly	2 Monthly	3 Weekly	4 Daily or almost daily	World Health Organization/NIAAA	
9. Have you or someone else been injured because of your drinking?	0 No		2 Yes, but not in the last year		4 Yes, during the last year	World Health Organization/NIAAA	
10.Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	0 No		2 Yes, but not in the last year		4 Yes, during the last year	World Health Organization/NIAAA	

Scoring—see WHO AUDIT Manual; 8 or more indicates hazardous and harmful alcohol use.

Drug Use

Items	Response Categories	Time Frame	Source	Comments
Screeners				
How many times in the [Time Frame] have you used an illegal drug or used a prescription medication for non-medical reasons?	Continuous 1 to ∞	past year (before being locked up, if applicable) past six months past 30 days	Smith et al., <i>Archives of Internal Medicine</i> , July 12, 2010, 1155-1160	
Additional Screeners				
During the [Time Frame]–		past year (before being locked up, if applicable) past six months past 30 days	TCU Drug Screen See Peters et al., <i>JSA7</i> , 2000, 349-358 for a discussion of the TCU Drug Screen	
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	yes/no			
2. Did you try to cut down on your drug use but were unable to do it?	yes/no			
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	yes/no			
4. Did you get so high or sick from drugs that it – a. kept you from doing work, going to school, or caring for children? b. caused an accident or put you or others in danger?	yes/no			
5. Did you spend less time at work, school, or with friends so that you could use drugs?	yes/no			
6. Did your drug use cause – a. emotional or psychological problems? b. problems with family, friends, work, or police? c. physical health or medical problems?	yes/no			
7. Did you increase the amount of a drug you were taking so that you could get the same effects as before?	yes/no			
8. Did you ever keep taking a drug to avoid withdrawal symptoms or keep from getting sick?	yes/no			
9. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	yes/no			

Give 1-point to each “yes” response to 1-9 (Questions 4 and 6 are worth one point each if a respondent answers “yes” to any portion). The total score can range from 0 to 9; score values of 3 or greater indicate relatively severe drug-related problems, and correspond approximately to DSM drug dependence diagnosis.

Drug Use

Items	Response Categories	Time Frame	Source	Comments
Specific Drugs				
How often did you use each type of drug during the [Time Frame]?		past year (before being locked up, if applicable) past six months past 30 days	Peters et al., <i>JSAT</i> , 2000, 349-358 (TCU Drug Screen)	
a. alcohol b. marijuana/hashish c. hallucinogens/LSD/PCP/psychedelics/mushrooms d. inhalants e. crack/freebase f. heroin & cocaine (mixed together as speedball) g. cocaine (by itself) h. heroin (by itself) i. street methadone (non-prescription) j. prescription (Vicodin, Oxycontin, Percocet, etc...) k. methamphetamines l. stimulants (amphetamines, Ritalin, concerta, Dexedrine, adderall, diet pills) m. tranquilizers/barbiturates/sedatives/ (downers) n. other (<i>specify</i>) _____	For each drug type: <div style="display: flex; justify-content: space-around;"> Never Only A Few Times 1-3 Times a Month 1-5 Times a Week About Every Day </div>			

For those research projects that budgeted for biological markers such as urine screens, we could recommend a common UA test protocol such as the NIDA 5, a 10 panel, or 12 panel drug test, etc.